

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. **10/573 147** FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	/		/				
2		/	/				
3	/		/				
4	/		/				
5	4		/				
6	5		/				
7	6		/				
8	7		/				
9	8		/				
10	9		/				
11	10		/				
12	11		/				
13	12		/				
14	13		/				
15	14		/				
16	15		/				
17	16		/				
18	17		/				
19	18		/				
20	19	2	/				
21	20	2	/				
22	21	2	/				
23	22	2	/				
24	23	1	/				
25	24	1	/				
26	25	1	/				
27	26	1	/				
28	27	1	/				
29	28	1	/				
30	29	1	/				
31	30	1					
32							
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48							
49							
50							
TOTAL IND.			↓	3	↓		↓
TOTAL DEP.			←	27	←		←
TOTAL CLAIMS			30				

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
51							
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97							
98							
99							
100							
TOTAL IND.			↓		↓		↓
TOTAL DEP.			←		←		←
TOTAL CLAIMS							